Health Care Summary

CHILD'S NAME: _____ DATE OF BIRTH: _____

☐ I have provided the school with a copy of my child's most current immunization record or notarized affidavit exemption.

One of the following is an admission requirement and must be presented when your child is admitted to school. Please check only one option.

☐ HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he / she is able to take part in a school program.

HEALTH CARE PROFESSIONAL SIGNATURE_____ DATE_____

☐ A signed and dated copy of a health care professional's statement is attached.

☐ Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

HEALTH CARE PROFESSIONAL NAME_____ DATE_____

HEALTH CARE PROFESSIONAL ADDRESS_____

_____ _____

Signature – Parent or Legal Guardian Date

VISION AND HEARING SCREENING RESULTS: Children four years of age or older must be screened for possible vision and hearing problems within 120 calendar days of enrollment.

VISION	R 20/_____	L 20/_____	☐ PASS ☐ FAIL
MEDICAL PROVIDER SIGNATURE_____			DATE_____

HEARING	1000 Hz	2000 Hz	4000 Hz	☐ PASS ☐ FAIL
Right				
Left				
MEDICAL PROVIDER SIGNATURE_____				DATE _____

_____ _____

Signature – Parent or Legal Guardian Date